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## BIB DATA SHEET

CONFIRMATION NO. 6646

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/624,809	07/21/2003 RULE	435	1647	01948/088004
<b>APPLICANTS</b> S. Ananth Karumanchi, West Roxbury, MA; Sharon Maynard, Newton, MA; Vikas P. Sukhatme, Newton, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/397,481 07/19/2002 and claims benefit of 60/451,796 03/03/2003 and claims benefit of 60/467,390 05/02/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 10/22/2003				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/IAN D.DANG/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 8	<b>TOTAL CLAIMS</b> 40
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> CLARK & ELBING LLP 101 FEDERAL STREET BOSTON, MA 02110 UNITED STATES				
<b>TITLE</b> Methods of diagnosing and treating pre-eclampsia or eclampsia				
<b>FILING FEE RECEIVED</b> 3782	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	